

RESIDENTIAL LET PROPERTY OWNERS/FLATS PROPOSAL FORM



(PLEASE USE BLOCK CAPITALS AND ANSWER ALL QUESTIONS IN FULL)

NOTE: IF YOU TICK ANY OF THE SHADED BOXES PLEASE PROVIDE ADDITIONAL DETAILS

1. Clients Details

Proposer's Name:

Company Name:

Correspondence Address:

Postcode: Telephone No:

ISSUING AGENT

INSURER:

PREMIUM: £

Are you a property developer (A person, persons or company who acquire a property in order to redevelop and sell without that property being occupied as a residence)? Yes No

2. Date Cover Is To Commence:

3. The Premises: You must advise the company whenever a premises becomes vacant.

Address of Premises to be Insured:

Postcode:

4. Type of Occupancy / Lease - Lease agreement is between Freeholder or their agent and: Please tick ONE box only

Tenant Council / Housing Association

Unoccupied (if yes please answer question 5) Holiday Home (short term lets) Any other party

5. Unoccupied Property - Ignore this section if the property is occupied

a) How long has the property been unoccupied?

i) 90 days or less ii) 91 days to 1 year iii) 1 - 2 years

iv) 2 - 3 years v) 3 - 4 years vi) 4 - 5 years vii) Over 5 years

b) What is the long term intention for the property, to be:

i) Sold ii) Let within 60 days iii) Let within 90 days iv) Let after 90 days v) Owner Occupied

c) Is there a tenant waiting to move in? Yes No

d) Is the property boarded up? Yes No

6) Tenant Information

a) Type of Tenant - Please tick ALL boxes that may apply

Professional Person Retired DSS benefit recipient Student Asylum seeker Other:

b) Number of tenants (state maximum in any one unit/property)

c) Does the lease allow your tenants to sub-let? Yes No

7. Construction Details

a) Year of Build

b) Number of storeys

c) Number of flats / units in whole building

d) Number of flats / units to be insured by this policy

e) If property is a flat, please state floor construction Is the flat located in Scotland? Yes No

f) Is the property a listed building? Yes No If yes please specify grade

g) Does the property have a flat roof? Yes No If yes what percentage is flat %

If yes what is the construction of the flat roof Other - Please specify

8. The Premises

Are the premises:

a) or any part of the property ever used as a second home, holiday let or any commercial business, whether to be insured on this policy or not? Yes No

b) occupied as bed-sits? Yes No

c) leased or rented on an agreement of LESS than 6 months duration? Yes No

d) built solely of brick, stone, or concrete and roofed with slates, tiles or concrete? Yes No

e) in a good state of repair and will be so maintained? Yes No

f) heated solely by oil and/or electricity and/or main gas and/or solid fuel? Yes No

g) In a position or area likely to be subject to flooding or where flooding has occurred? Yes No

h) close to a cliff, quarry or other excavations? Yes No

i) or any nearby premises suffering from or ever suffered from damage by subsidence, heave or landslip? Yes No

j) free from any underpinning or any remedial action with regard to subsidence, heave or landslip? Yes No

k) Will cooking be allowed in an area other than a clearly designated kitchen or an area that complies with the Regulatory Reform (Fire Safety) Order 2005? Yes No

l) Having or had any structural alterations, or major renovation work affecting load bearing walls been undertaken, are in progress or planned? Yes No

m) currently having any other building work undertaken or planned within the next 12 months that will cost more than £25,000? Yes No

9. Buildings Cover - Do not complete this section if buildings cover is not required

a) Please confirm cover required (tick one box)

Fire and special perils cover only Fire and special perils cover PLUS accidental damage

b) SUM INSURED

£

This sum insured should be based on the rebuilding costs of the buildings, including attached outbuildings, walls, fences, gates, landlords fixtures and fittings, underground pipes and cables

For full definition of cover see policy wording or contact your insurance advisor

10. Interested party in the property

Please give details of interested parties to be noted on the policy i.e mortgage company or any other charge on the property. This information will not be noted on the policy unless you provide both the name and address

Name of interested party

Address of interested party

 Postcode
11. Landlords Contents cover - Do not complete this section if contents cover is not requiredFire and special perils cover only - Accidental Damage cover is NOT available

SUM INSURED

£

This sum should represent the full replacement value of contents belonging to you (the insured) or for which you are legally responsible. This section does not cover contents in a common area as this cover is provided up to a maximum value of £5,000 as an automatic extension under the buildings insurance section of the policy (providing such items belong to the insured)

For full definition of cover see policy wording or contact your insurance advisor

12. Number of propertiesDo you own a portfolio of properties (excluding your own living accommodation) Yes No If yes please state how many **13. Personal History**

Have you or any director or partner in the business (or any other name under which you may have been trading):

a) had any insurance declined, cancelled, refused, renewal refused or had special terms applied by any insurer? Yes No b) Suffered any loss or incurred any liability, whether insured or not, during the last 3 years as a result of the risks proposed (whether at this or any other premises) or had any claims made against you? Yes No c) Been or are in the course of being convicted or charged with any offence other than driving offences? Yes No d) Been declared bankrupt or been a director of a company that went into liquidation? Yes No **14. Additional Information**

Please give further details of any answer where you have ticked a shaded box. If you consider that any question requires expert knowledge which you are unable to provide, indicate this in your answer.

Continue on a separate sheet if necessary

Important Information

Before signing the declaration below please ensure that all questions have been answered. You are reminded that you must disclose all material facts likely to influence the acceptance and assessment of the proposal. Failure to do so may render the insurance voidable. If there is any doubt whether the facts might be considered material these should be disclosed. No insurance is in force until the proposal has been accepted by the Company. The Company reserves the right to decline any Proposal. The application does not arise directly or indirectly from anyone who is conducting unauthorised insurance mediation business. Unless any agreement to the contrary is reached between us, English law will apply to this contract of insurance.

Declaration

I/We declare that:

- 1) To the best of my knowledge and belief the answers given are true and that all material facts have been disclosed.
- 2) This proposal and declaration shall be the basis of the contract between me/us and the insurer and I/we will accept a policy on the standard form issued by the Company and be bound by the terms and conditions thereof.
- 3) If any answer has been written by any other person, such person shall for the purpose be regarded as my/our agent and not the agent of the insurer.

Proposer's signature:

Date: